

BUSINESS NAME _____

STATE OF NEW HAMPSHIRE

LICENSE NUMBER

--	--	--	--	--	--

Note:

(This is the Operator's six digit License number, not FEIN or SSN)PIN **Enter PIN on Telefile or E-File**

THIS WORKSHEET MUST BE COMPLETED PRIOR TO FILING THE NH MEALS & RENTALS RETURN

For the month of

January

February

March

April

May

Filing due date

02/15/2010

03/15/2010

04/15/2010

05/17/2010

06/15/2010

RECEIPTS FROM MEALS AND BEVERAGES

1	Tax Excluded Receipts					
2	Meals Tax @ 9% (Line 1 multiplied by .09)					
3	Tax Included Receipts					
4	Meals Tax @ 8.26% (Line 3 multiplied by .0826)					
5	TOTAL MEALS TAX (Line 2 plus Line 4)					

RECEIPTS FROM RENTALS

6	Room Rental Receipts					
7	Permanent Resident Receipts					
8	Taxable Room Rental Receipts Line 6 minus Line 7					
9	TOTAL ROOM RENTAL TAX Check rate used. <input type="checkbox"/> .09 <input type="checkbox"/> .0826 Line 8 multiplied by .09 or .0826 if tax included.					
10	Motor Vehicle Rental Receipts					
11	TOTAL MOTOR VEHICLE RENTAL TAX. Check rate used. Line 10 x rate, <input type="checkbox"/> .09 if tax excluded, <input type="checkbox"/> .0826 if tax included. Round to nearest dollar.					
12	TOTAL TAX (Line 5 plus Line 9 plus Line 11)					

DEDUCTIONS AND ADDITIONS

13	Commission (Line 12 multiplied by .03) See 3% commission requirement in General Instructions.					
14	Advanced Payment or Credit Memo					
15	TOTAL DEDUCTIONS (Line 13 plus Line 14)					
16	Interest (See instructions)					
17	Penalty for Failure to Pay (See instructions)					
18	Penalty for Failure to File (See instructions)					
19	TOTAL ADDITIONS (Sum of Lines 16, 17 & 18)					

20	TOTAL PAYMENT DUE (Line 12 minus Line 15 plus Line 19)					
----	--	--	--	--	--	--

Payment authorized on Line 20 will be debited from your account the next business day after the filing due date

21	TAX EXEMPT MEALS & RENTALS RECEIPTS (See instructions)					
----	---	--	--	--	--	--

January

February

March

April

May

THE TELEFILE SYSTEM WILL PROVIDE A 10 DIGIT CONFIRMATION NUMBER TO VERIFY THE

22	CONFIRMATION NUMBER	_____	_____	_____	_____	_____
----	----------------------------	-------	-------	-------	-------	-------

MEALS & RENTALS TAX WORKSHEET

2010

Telefile Telephone Number 1-800-328-4557
E-File at www.nh.gov/revenue

AND MUST BE RETAINED FOR THREE YEARS FROM THE DUE DATE OF THE TAX OR THE DATE THE RETURN IS FILED WHICHEVER IS LATER.

June	July	August	September	October	November	December	TOTAL
07/15/2010	08/16/2010	09/15/2010	10/15/2010	11/15/2010	12/15/2010	01/18/2011	2010

RECEIPTS FROM MEALS AND BEVERAGES

1							
2							
3							
4							
5							

RECEIPTS FROM RENTALS

6							
7							
8							
9							
10							
11							
12							

DEDUCTIONS AND ADDITIONS

13							
14							
15							
16							
17							
18							
19							
20							

above if the return is timely filed and on the next business day following the date the return was filed for late filed return.

21							
----	--	--	--	--	--	--	--

June	July	August	September	October	November	December	2010
------	------	--------	-----------	---------	----------	----------	------

TRANSACTION. ENTER THE NUMBER IN THE APPROPRIATE SPACE BELOW.

22							
----	--	--	--	--	--	--	--